

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS1214SNF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VEGAS VALLEY REHABILITATION HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2945 CASA VEGAS STREET</b> <b>LAS VEGAS, NV 89109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as the result of a complaint investigation under State licensure conducted at your facility on 3/31/09 and 4/1/09.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities Regulations, adopted by the Nevada State Board of Health on August 4, 2004.</p> <p>1. Complaint #NV00021436 was substantiated. No deficiencies were cited.</p> <p>2. Complaint #NV00020942 was substantiated. No deficiencies were cited.</p> <p>3. Complaint #NV00021338 was unsubstantiated.</p> <p>4. Complaint #NV00020843 was unsubstantiated.</p> <p>5. Complaint #NV00021062 was substantiated in part. See Tag Z 271</p> <p>6. Complaint #NV00021004 was substantiated in part. See Tag Z 443</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	Z 000		
Z271 SS=D	<p>NAC 449.74479 Urinary Problems</p> <p>Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that a patient:</p> <p>2. Who is incontinent receives the services and treatment needed to prevent the infection of his urinary tract and restore the normal function of his bladder.</p> <p>This Regulation is not met as evidenced by:</p>	Z271		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z271	<p>Continued From page 1</p> <p>Based on record review, interview, and policy review the facility failed to assess and evaluate the urinary incontinence and conduct post void residuals as ordered following the removal of a Foley catheter for 1 of 7 residents. (#1)</p> <p>Findings include:</p> <p>Review of the facility's policy and procedure for the incontinent resident revealed that a complete bladder assessment form following admission or following the removal of an urinary catheter be completed and a three day pattern assessment be initiated.</p> <p>Resident #1 was admitted to the facility on 12/13/08 following a fractured hip with surgery for rehabilitation. The resident had a medical history that included hypertension, hypothyroidism, gastroesophageal reflux disease and urinary incontinence. Review of the admission Minimum Data Set revealed that the resident was frequently incontinent of bowel and bladder. The resident was admitted with a Foley catheter.</p> <p>On 12/16/08 the physician wrote an order to discontinue the Foley catheter with post void residuals (PVR) every shift for 48 hours for Resident #1. Review of the record failed to reveal a nurse's note that the Foley catheter was discontinued. The treatment record had an entry to document the results of the PVR; none was documented. Review of the record failed to reveal evidence that the facility conducted a bowel and bladder assessment following the removal of the resident's Foley catheter; no evidence of a toileting program was found.</p> <p>One PVR result for Resident #1 was found by the Director of Nurses in the nurse's notes during an</p>	Z271			

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Z271	Continued From page 2  interview on 4/1/09. The Director of Nurses was unable to locate a bowel and bladder assessment or patterning documentation.  Severity 2 Scope 1	Z271			
Z443 SS=D	NAC 449.74533 Laboratory Services  4. A facility for skilled nursing shall: (a) Provide or obtain only such laboratory tests as are ordered by the attending physician of a patient in the facility; (b) Promptly notify the attending physician of the results of those tests; (c) Arrange transportation for a patient to obtain laboratory tests ordered by the patient's attending physician, if the patient requires such assistance; and (d) Include in the medical records of a patient all reports of the results of laboratory tests ordered for the patient. The reports must include: (1) The date on which the tests were performed; and (2) The name and address of the laboratory performing the tests. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to obtain a laboratory test as ordered by a physician for 1 of 7 residents (#2).  Finding include:  Resident #2 was admitted to the facility on 12/26/08 with diagnoses including human immunodeficiency virus, progressive multifocal leukoencephalopathy, anemia, deep vein thrombosis of the right arm, dysphagia, history of seizure disorder, hypercholesterolemia and anxiety disorder.	Z443			

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Z443	<p>Continued From page 3</p> <p>Record review of the physician's orders for Resident #2 revealed a Dilantin level was to be obtained on 1/14/09. The order was written on 1/11/09.</p> <p>On 4/1/09 in the afternoon, interview with the Director of Nursing (DON) revealed that the Dilantin level was not obtained until "2 days after" it had been originally ordered.</p> <p>The DON further revealed that when the Dilantin level was ordered on 1/14/09, the laboratory order form did not contain the "code for the specific test." Therefore, it was not done. The DON stated, "Since it was missed on the 14th, it was re-ordered on the 15th. The actual test was done on the 16th. When a lab test is ordered, it is normally done the following day."</p> <p>Severity: 2 Scope: 1</p>	Z443			

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